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Substitute for Form 1449/PTO	Complete if Known		
	Application Number	10/827,059	
INFORMATION DISCLOSURE	Filing Date	4/19/2004	
	First Named Inventor	Siegfried CHSZANIECKI	
STATEMENT BY APPLICANT (Use as many sheets as necessary)	Art Unit	1722	
(Ost as many sinces as necessary)	Examiner Name	Leyson	
Sheet 1 of 1	Attorney Docket Number	5140-18PCON	

Examiner Initials*	Cite No. <sup>1</sup>	Document Number  Number-Kind-Code <sup>2 (if</sup>	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where F Passages or Relevant Figures Appear		Subcla.
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